

Permit #	
Date	
SBL	_

## **VILLAGE OF AKRON DRIVEWAY PERMIT**

Fee: \$	Cash:	Check #:				
***A survey <u>N</u>	<u>IUST</u> acc	ompany this p	ermit***			
Owner:		Phone #:				
Property Address	s:	Mailing Address:				
Contractor:		Phone #:				
Address:						
Driveway <del>- )</del>		sidential New 00.00	Residential Replacement \$50.00		Commercial \$100.00	
Pad		sonal Sidewalk walk on your prop	perty, not at the	street)	Street Cut	
Dimensions of P	roposed: wi	dth:	length:	Material:	<del> </del>	
Proposed Projec	<u>t:</u>				N W ⟨¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬	
*Draw approximate lo	cation of house	and driveway/propose	ed project in the bo	x above and identify the stre	eet.	
Date		Code Enforce	ment Officer _			
Clerk			Mayor			

Fax Number: 716-542-5586